

Exhibit 7

LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES

325 73RD STREET
 BROOKLYN, NEW YORK 11209
 (718) 238-2399

FEB 05 2014

UNION ALL - PURPOSE REPORTING FORM



LIBERTY ASHES
 112 PHYLIS COURT
 ELMONY NY 11030

L #1710

570.00

SHOP #: 0502

PERIOD: 01/2014

REF. #: 0502201401

PAGE #: 1

SOCIAL SECURITY NUMBER	LAST NAME, FIRST NAME	LIFE DUES	TERMINATION DATE	INITIATION FEE	LIFE BENEFIT PLAN PAYMENT
XXX-XX-	BANDOO, DEARMINDRA	30.00		.00	
XXX-XX-	BARBER, JERRY	30.00		.00	
XXX-XX-	BELLINO, MICHAEL FRANK	30.00		.00	
XXX-XX-	DE ABREU, DERECK MICHAEL	30.00		.00	
XXX-XX-	EINHORN, RICHARD	30.00		.00	
XXX-XX-	GHANSHIAM, B CHANDRA	30.00		.00	
XXX-XX-	LATRATTA, ROBERT	30.00		.00	
XXX-XX-	LINGIFORT, WILDECK	30.00		.00	
XXX-XX-	MAYO, SILVESTRE	30.00		.00	
XXX-XX-	MENNA, LEONARD J.	30.00		.00	
XXX-XX-	MITCHELL, DERYCK C.	30.00		.00	
XXX-XX-	MOHAMMED, REYAZ MICKEY	30.00		.00	
XXX-XX-	PEREZ, AMANDO	30.00		.00	
XXX-XX-	PERSAD, RAMDEO	30.00		.00	
XXX-XX-	SHESSHERINE, RAMLOCHAN	30.00		.00	
XXX-XX-	SIERRA, NALSON	30.00		.00	
XXX-XX-	WARD, CURTIS	30.00		.00	
XXX-XX-	WILLIAMS, TISHAWN	30.00		.00	
XXX-XX-	WYNN, CURTIS D.	30.00		.00	
<hr/>					
MEMBERS IN SHOP: 19	CURRENT DUE:	570.00			
	TOTAL DUE:	570.00			

NOTE: We require separate checks for each account. DO NOT CONSOLIDATE LIFE DUES AND LIFE BENEFIT PLAN PAYMENTS, as Government Agencies forbid us to commingle these various accounts.

This All-Purpose Reporting Form must be mailed to 325 73rd Street, Brooklyn, N.Y. 11209, by the 10th of every month.

Life Payment (Dues & Initiation) _____ Life Benefit Plan Payment _____

→ Employer may retain YELLOW COPY for its own files ←

Please notify the Union of any Employee's change of address

LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES
325 73RD STREET
BROOKLYN, NEW YORK 11209
(718) 238-2399

FEB 18 2014

UNION ALL - PURPOSE REPORTING FORM

LIBERTY ASHES
 112 PHYLLIS COURT
 ELMONY NY 11030

SHOP #: 0502

PERIOD: 02/2014

#1777

570.00

REF. #: 0502201402

PAGE #: 1

SOCIAL SECURITY NUMBER	LAST NAME, FIRST NAME	LIFE DUES	TERMINATION DATE	INITIATION FEE	LIFE BENEFIT PLAN PAYMENT
XXX-XX-	BANDOO, DEARMINDRA	30.00		.00	
XXX-XX-	BARBER, JERRY	30.00		.00	
XXX-XX-	BELLINO, MICHAEL FRANK	30.00		.00	
XXX-XX-	DE ABREU, DERECK MICHAEL	30.00		.00	
XXX-XX-	EINHORN, RICHARD	30.00		.00	
XXX-XX-	GHANSHIAM, B CHANDRA	30.00		.00	
XXX-XX-	LAFRATTA, ROBERT	30.00		.00	
XXX-XX-	LINCIFORT, WILDECK	30.00		.00	
XXX-XX-	MAYO, SILVESTRE	30.00		.00	
XXX-XX-	MENNA, LEONARD J.	30.00		.00	
XXX-XX-	MITCHELL, DERYCK C.	30.00		.00	
XXX-XX-	MOHAMMED, REYAZ MICKEY	30.00		.00	
XXX-XX-	PEREZ, AMANDO	30.00		.00	
XXX-XX-	PERSAD, RAMDEO	30.00		.00	
XXX-XX-	SHESTERINE, RAMLOCHAN	30.00		.00	
XXX-XX-	SIERRA, NALSON	30.00		.00	
XXX-XX-	WARD, CURTIS	30.00		.00	
XXX-XX-	WILLIAMS, TISHAWN	30.00		.00	
XXX-XX-	WYNN, CURTIS D.	30.00		.00	
<hr/>					
MEMBERS IN SHOP: 19	CURRENT DUE:	570.00			
	TOTAL DUE:	570.00			
					

NOTE: We require separate checks for each account. DO NOT CONSOLIDATE LIFE DUES AND LIFE BENEFIT PLAN PAYMENTS, as Government Agencies forbid us to commingle these various accounts.

This All-Purpose Reporting Form must be mailed to 325 73rd Street, Brooklyn, N.Y. 11209, by the 10th of every month.

Life Payment (Dues & Initiation) _____ Life Benefit Plan Payment _____

→ Employer may retain YELLOW COPY for its own files ←

Please notify the Union of any Employee's change of address

LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES
 325 73RD STREET
 BROOKLYN, NEW YORK 11209
 (718) 238-2399

MAR 31 2014

UNION ALL - PURPOSE REPORTING FORM

LIBERTY ASHES
 112 PHYLLIS COURT
 ELMONY NY 11030

SHOP #: 0502

PERIOD: 03/2014

REF. #: 0502201403

PAGE #: 1

#1897 610.00

SOCIAL SECURITY NUMBER	LAST NAME, FIRST NAME	LIFE DUES	TERMINATION DATE	INITIATION FEE	LIFE BENEFIT PLAN PAYMENT
XXX-XX-	BANDOO, DEARMINDRA	30.00		.00	
XXX-XX-	BARBER, JERRY	30.00		.00	
XXX-XX-	BELLINO, MICHAEL FRANK	30.00		.00	
XXX-XX-	DE ABREU, DERECK MICHAEL	30.00		.00	
XXX-XX-	EINHORN, RICHARD	30.00		.00	
XXX-XX-	GHANSHIAM, B CHANDRA	30.00		.00	
XXX-XX-	LAFRATTA, ROBERT	30.00		.00	
XXX-XX-	LINCIFORT, WILDECK	30.00		.00	
XXX-XX-	MAYO, SILVESTRE	30.00		.00	
XXX-XX-	MENNA, LEONARD J.	30.00		.00	
XXX-XX-	MITCHELL, DERYCK C.	30.00		.00	
XXX-XX-	MOHAMMED, REYAZ MICKEY	30.00		.00	
XXX-XX-	PEREZ, AMANDO	30.00		.00	
XXX-XX-	PERSAD, RAMDEO	30.00		.00	
XXX-XX-	SHESTERINE, RAMLOCHAN	30.00		.00	
XXX-XX-	SIERRA, NALSON	30.00		.00	
XXX-XX-	WARD, CURTIS	30.00		.00	
XXX-XX-	WILLIAMS, TISHAWN	30.00		.00	
XXX-XX-	WYNN, CURTIS D.	30.00		.00	
<i>Francisco, Alvaro Montano</i>		<i>30.00</i>			
MEMBERS IN SHOP: 19	CURRENT DUE:	570.00			
	TOTAL DUE:	570.00			

NOTE: We require separate checks for each account. DO NOT CONSOLIDATE LIFE DUES AND LIFE BENEFIT PLAN PAYMENTS, as Government Agencies forbid us to commingle these various accounts.

This All-Purpose Reporting Form must be mailed to 325 73rd Street, Brooklyn, N.Y. 11209, by the 10th of every month.

Life Payment (Dues & Initiation) _____ Life Benefit Plan Payment _____

→ Employer may retain YELLOW COPY for its own files ←

Please notify the Union of any Employee's change of address

LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES

325 73RD STREET
 BROOKLYN, NEW YORK 11209
 (718) 238-2399

APR 21 2014

UNION ALL - PURPOSE REPORTING FORM

LIBERTY ASHES
 112 PHYLLIS COURT
 ELMONY NY 11030

SHOP #: 0502

PERIOD: 04/2014

REF. #: 0502201404

PAGE #: 1

SOCIAL SECURITY NUMBER	LAST NAME, FIRST NAME	LIFE DUES	TERMINATION DATE	INITIATION FEE	LIFE BENEFIT PLAN PAYMENT
XXX-XX-	BANDOO, DEARMINDRA	4/14- 600.00		.00	
XXX-XX-	BARBER, JERRY	30.00		.00	
XXX-XX-	BELLINO, MICHAEL FRANK	fee - 30.00		.00	
XXX-XX-	DE ABREU, DERECK MICHAEL	30.00		.00	
XXX-XX-	EINHORN, RICHARD	30.00		.00	
XXX-XX-	GHANSHIAM, B CHANDRA	30.00		.00	
XXX-XX-	GONZALEZ MONTAS, FRANCISCO ARGENIS	30.00	75.00	.00	→ 3/1 30.00
XXX-XX-	LAFRATTA, ROBERT	30.00		.00	
XXX-XX-	LINCIFORT, WILDECK	30.00		.00	
XXX-XX-	MAYO, SILVESTRE	30.00		.00	
XXX-XX-	MENNA, LEONARD J.	30.00		.00	
XXX-XX-	MITCHELL, DERYCK C.	30.00		.00	
XXX-XX-	MOHAMMED, REYAZ MICKEY	30.00		.00	
XXX-XX-	PEREZ, AMANDO	30.00		.00	
XXX-XX-	PERSAD, RAMDEO	30.00		.00	
XXX-XX-	SHESHERINE, RAMLOCHAN	30.00		.00	
XXX-XX-	SIERRA, NALSON	30.00		.00	
XXX-XX-	WARD, CURTIS	30.00		.00	
XXX-XX-	WILLIAMS, TISHAWN	30.00		.00	
XXX-XX-	WYNN, CURTIS D.	30.00		.00	
MEMBERS IN SHOP: 20	CURRENT DUE:	600.00		75.00	
	TOTAL DUE:	600.00 + 30.00		75.00	
		630.00			

NOTE: We require separate checks for each account. DO NOT CONSOLIDATE LIFE DUES AND LIFE BENEFIT PLAN PAYMENTS, as Government Agencies forbid us to commingle these various accounts.

This All-Purpose Reporting Form must be mailed to 325 73rd Street, Brooklyn, N.Y. 11209, by the 10th of every month.

Life Payment (Dues & Initiation) _____ Life Benefit Plan Payment _____

→ Employer may retain YELLOW COPY for its own files ←

Please notify the Union of any Employee's change of address

UNION ALL - PURPOSE REPORTING FORM

325 73RD STREET
BROOKLYN, NEW YORK 11209
(718) 238-2399

MAY 12 2014

#2064

600.00

LIBERTY ASHES
112 PHYLLIS COURT
ELMONY NY 11030

SHOP #: 0502

PERIOD: 05/2014

REF. #: 0502201405

PAGE #: 1

OK/AB

SOCIAL SECURITY NUMBER	LAST NAME, FIRST NAME	LIFE DUES	TERMINATION DATE	INITIATION FEE	LIFE BENEFIT PLAN PAYMENT
XX X-XX-	BANDOO, DEARMINDRA	30.00		.00	
XX X-XX-	BARBER, JERRY	30.00		.00	
XXX-XX-	BELLINO, MICHAEL FRANK	30.00		.00	
XXX-XX-	DE ABREU, DERECK MICHAEL	30.00		.00	
XX X-XX-	EINHORN, RICHARD	30.00		.00	
XX X-XX-	GHANSHIAM, B CHANDRA	30.00		.00	
XXX-XX-	GONZALEZ MONTAS, FRANCISCO ARGENIS	30.00		.00	
XX X-XX-	LAFRATTA, ROBERT	30.00		.00	
XXX-XX-	LINCIFORT, WILDECK	30.00		.00	
XXX-XX-	MAYO, SILVESTRE	30.00		.00	
XXX-XX-	MENNA, LEONARD J.	30.00		.00	
XXX-XX-	MITCHELL, DERYCK C.	30.00		.00	
XXX-XX-	MOHAMMED, REYAZ MICKEY	30.00		.00	
XX X-XX-	PEREZ, AMANDO	30.00		.00	
XX X-XX-	PERSAD, RAMDEO	30.00		.00	
XX X-XX-	SHESHERINE, RAMLOCHAN	30.00		.00	
XX X-XX-	SIERRA, NALSON	30.00		.00	
XX X-XX-	WARD, CURTIS	30.00		.00	
XX X-XX-	WILLIAMS, TISHAWN	30.00		.00	
XXX-XX-	WYNN, CURTIS D.	30.00		.00	
MEMBERS IN SHOP: 20	CURRENT DUE:	600.00			
	TOTAL DUE:	600.00			

NOTE: We require separate checks for each account. DO NOT CONSOLIDATE LIFE DUES AND LIFE BENEFIT PLAN PAYMENTS, as Government Agencies forbid us to commingle these various accounts.

This All-Purpose Reporting Form must be mailed to 325 73rd Street, Brooklyn, N.Y. 11209, by the 10th of every month.

Life Payment (Dues & Initiation)

Life Benefit Plan Payment

→ Employer may retain YELLOW COPY for its own files ←

Please notify the Union of any Employee's change of address

LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES
325 73RD STREET
BROOKLYN, NEW YORK 11209
(718) 238-2399

JUN 17 2014

UNION ALL - PURPOSE REPORTING FORM

LIBERTY ASHES
 112 PHYLLIS COURT
 ELMONY NY 11030

SHOP #: 0502

PERIOD: 06/2014

L #2173

570.00

REF. #: 0502201406

PAGE #: 1

SOCIAL SECURITY NUMBER	LAST NAME, FIRST NAME	LIFE DUES	TERMINATION DATE	INITIATION FEE	LIFE BENEFIT PLAN PAYMENT
XXX-XX-	BANDOO, DEARMINDRA	30.00		.00	
XXX-XX-	BARBER, JERRY	30.00		.00	
XXX-XX-	BELLINO, MICHAEL FRANK	30.00		.00	
XXX-XX-	DE AGREU, DERECK MICHAEL	30.00		.00	
XXX-XX-	EINHORN, RICHARD	30.00		.00	
XXX-XX-	GHANSHIAM, B CHANDRA	30.00		.00	
XXX-XX-	GONZALEZ MONTAS, FRANCISCO ARGENIS	30.00		.00	
XXX-XX-	LAFRATTA, ROBERT	30.00		.00	
XXX-XX-	LINCIFORT, WILDECK	30.00		.00	
XXX-XX-	MAYO, SILVESTRE	30.00		.00	
XXX-XX-	MENNA, LEONARD J.	30.00		.00	
XXX-XX-	MITCHELL, DERYCK C.	30.00		.00	
XXX-XX-	MOHAMMED, REYAZ MICKEY	30.00		.00	
XXX-XX-	PEREZ, AMANDO	30.00		.00	
XXX-XX-	PERISAD, RAMDEO	30.00		.00	
XXX-XX-	SHESHERINE, RAMLOCHAN	30.00		.00	
XXX-XX-	SIERRA, NALSON	30.00		.00	
XXX-XX-	WARD, CURTIS	30.00		.00	
XXX-XX-	WILLIAMS, TISHAWN	30.00		.00	
XXX-XX-	WYNN, CURTIS D.	30.00		.00	
MEMBERS IN SHOP: 20		CURRENT DUE:	600.00		
		TOTAL DUE:	600.00		
			30.00		
				570.00	

NOTE: We require separate checks for each account. DO NOT CONSOLIDATE LIFE DUES AND LIFE BENEFIT PLAN PAYMENTS, as Government Agencies forbid us to commingle these various accounts.

This All-Purpose Reporting Form must be mailed to 325 73rd Street, Brooklyn, N.Y. 11209, by the 10th of every month.

Life Payment (Dues & Initiation) _____ Life Benefit Plan Payment _____

→ Employer may retain YELLOW COPY for its own files ←

Please notify the Union of any Employee's change of address

LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES
 325 73RD STREET
 BROOKLYN, NEW YORK 11209
 (718) 238-2399

JUL 22 2014

UNION ALL - PURPOSE REPORTING FORM

LIBERTY ASHES
 112 PHYLLIS COURT
 ELMONY NY 11030

SHOP #: 0502

570.00

PERIOD: 07/2014

2285

REF. #: 0502201407

PAGE #: 1

SOCIAL SECURITY NUMBER	LAST NAME, FIRST NAME	LIFE DUES	TERMINATION DATE	INITIATION FEE	LIFE BENEFIT PLAN PAYMENT
XXX-XX-	BANDOO, DEARMINDRA	30.00		.00	
XXX-XX-	BARBER, JERRY	30.00		.00	
XXX-XX-	BELLINO, MICHAEL FRANK	30.00		.00	
XXX-XX-	DE ABREU, DERECK MICHAEL	30.00		.00	
XXX-XX-	EINHORN, RICHARD	30.00		.00	
XXX-XX-	GHANSHIAM, B CHANDRA	30.00		.00	
XXX-XX-	GONZALEZ MONTAS, FRANCISCO ARGENIS	30.00		.00	
XXX-XX-	LAFRATTA, ROBERT	30.00		.00	
XXX-XX-	LINCIFORT, WILDECK	30.00		.00	
XXX-XX-	MAYO, SILVESTRE	30.00		.00	
XXX-XX-	MENNA, LEONARD J.	30.00		.00	
XXX-XX-	MITCHELL, DERYCK C.	30.00		.00	
XXX-XX-	MOHAMMED, REYAZ MICKEY	30.00		.00	
XXX-XX-	PEREZ, AMANDO	30.00		.00	
XXX-XX-	SHESTERINE, RAMLOCHAN	30.00		.00	
XXX-XX-	SIERRA, NALSON	30.00		.00	
XXX-XX-	WARD, CURTIS	30.00		.00	
XXX-XX-	WILLIAMS, TISHAWN	30.00		.00	
XXX-XX-	WYNN, CURTIS D.	30.00		.00	

MEMBERS IN SHOP: 19 CURRENT DUE: 570.00

TOTAL DUE: 570.00

On Hold

NOTE: We require separate checks for each account. DO NOT CONSOLIDATE LIFE DUES AND LIFE BENEFIT PLAN PAYMENTS, as Government Agencies forbid us to commingle these various accounts.

This All-Purpose Reporting Form must be mailed to 325 73rd Street, Brooklyn, N.Y. 11209, by the 10th of every month.

Life Payment (Dues & Initiation) _____ Life Benefit Plan Payment _____

→ Employer may retain YELLOW COPY for its own files ←

Please notify the Union of any Employee's change of address

LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES
325 73RD STREET
BROOKLYN, NEW YORK 11209
(718) 238-2399

AUG 12 2014

UNION ALL - PURPOSE REPORTING FORM

LIBERTY ASHES
112 PHYLLIS COURT
ELMONT NY 11030

SHOP #: 0502

PERIOD: 08/2014

L #2867

570.00

REF. #: 0502201409

PAGE #: 1

SOCIAL SECURITY NUMBER	LAST NAME, FIRST NAME	LIFE DUES	TERMINATION DATE	INITIATION FEE	LIFE BENEFIT PLAN PAYMENT
XXX-XX-XXXX	BANDOO, DEARMINDRA	30.00		.00	
XXX-XX-XXXX	BARBER, JERRY	30.00		.00	
XXX-XX-XXXX	BELLINO, MICHAEL FRANK	30.00		.00	
XXX-XX-XXXX	DE ABREU, DERECK MICHAEL	30.00		.00	
XXX-XX-XXXX	ELWISORN, RICHARD	30.00		.00	
XXX-XX-XXXX	GHANSHIAM, B CHANDRA	30.00		.00	
XXX-XX-XXXX	GONZALEZ MONTAB, FRANCISCO ARGÉNIS	30.00		.00	
XXX-XX-XXXX	LAFRATTA, ROBERT	30.00		.00	
XXX-XX-XXXX	LINCIFORT, WILDECK	30.00		.00	
XXX-XX-XXXX	MAYO, SILVESTRE	30.00		.00	
XXX-XX-XXXX	MENNA, LEONARD J.	30.00		.00	
XXX-XX-XXXX	MITCHELL, DERYCK C.	30.00		.00	
XXX-XX-XXXX	MOHAMMED, REYAZ MICKEY	30.00		.00	
XXX-XX-XXXX	PEREZ, AMANDO	30.00		.00	
XXX-XX-XXXX	SHESHERINE, RAMLOCHAN	30.00		.00	
XXX-XX-XXXX	SIERRA, NALSON	30.00		.00	
XXX-XX-XXXX	WARD, CURTIS	30.00		.00	
XXX-XX-XXXX	WILLIAMS, TISHAWN	30.00		.00	
XXX-XX-XXXX	WYNN, CURTIS D.	30.00		.00	

MEMBERS IN SHOP: 19

CURRENT DUE: 570.00

TOTAL DUE: 570.00

NOTE: We require separate checks for each account. DO NOT CONSOLIDATE LIFE DUES AND LIFE BENEFIT PLAN PAYMENTS, as Government Agencies forbid us to commingle these various accounts.

This All-Purpose Reporting Form must be mailed to 325 73rd Street, Brooklyn, N.Y. 11209, by the 10th of every month.

Life Payment (Dues & Initiation) _____ Life Benefit Plan Payment _____

→ Employer may retain YELLOW COPY for its own files ←

Please notify the Union of any Employee's change of address

LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES
325 73RD STREET
BROOKLYN, NEW YORK 11209
(718) 238-2399

UNION ALL - PURPOSE REPORTING FORM

LIBERTY ASHES
 112 PHYLLIS COURT
 ELMONY NY 11030

SHOP #: 0502

PERIOD: 09/2014

REF. #: 0502201409

PAGE #: 1

✓ 2607

480.00

SOCIAL SECURITY NUMBER	LAST NAME, FIRST NAME	LIFE DUES	TERMINATION DATE	INITIATION FEE	LIFE BENEFIT PLAN PAYMEN
XXX-XX-	BANDOO, DEARMINDRA	30.00		.00	
XXX-XX-	BARBER, JERRY	30.00		.00	
XXX-XX-	BELLINO, MICHAEL FRANK	30.00		.00	
XXX-XX-	DE ABREU, DERECK MICHAEL	30.00		.00	
XXX-XX-	GHANSHIAM, B CHANDRA	30.00		.00	
XXX-XX-	GONZALEZ MONTAS, FRANCISCO ARGENIS	30.00		.00	
XXX-XX-	LAFRATTA, ROBERT	30.00		.00	
XXX-XX-	LINCIFORT, WILDECK	30.00		.00	
XXX-XX-	MAYO, SILVESTER <i>perve</i>	30.00		.00	
XXX-XX-	MENNA, LEONARD J.	30.00		.00	
XXX-XX-	MITCHELL, DERYCK C.	30.00		.00	
XXX-XX-	PEREZ, AMANDO	30.00		.00	
XXX-XX-	SHESTERINE, RAMLOCHAN	30.00		.00	
XXX-XX-	SIERRA, NALSON	30.00		.00	
XXX-XX-	WARD, CURTIS	30.00		.00	
XXX-XX-	WILLIAMS, TISHAWN	30.00		.00	
XXX-XX-	WYNN, CURTIS D.	30.00		.00	

MEMBERS IN SHOP: 17

CURRENT DUE:

\$10.00

TOTAL DUE:

\$10.00

30.00

480.00

OK AB

NOTE: We require separate checks for each account. DO NOT CONSOLIDATE LIFE DUES AND LIFE BENEFIT PLAN PAYMENTS, as Government Agencies forbid us to commingle these various accounts.

This All-Purpose Reporting Form must be mailed to 325 73rd Street, Brooklyn, N.Y. 11209, by the 10th of every month.

Life Payment (Dues & Initiation) _____ Life Benefit Plan Payment _____

→ Employer may retain YELLOW COPY for its own files ←

Please notify the Union of any Employee's change of address

LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES
325 73RD STREET
BROOKLYN, NEW YORK 11209
(718) 238-2399

NOV 18 2014

UNION ALL - PURPOSE REPORTING FORM

F # 2891 30.00

LIBERTY ASHES
112 PHYLLIS COURT
ELMONY NY 11030

SHOP #: 0502

L # 2705

Y50.00

PERIOD: 10/2014

REF. #: 0502201410

PAGE #: 1

SOCIAL SECURITY NUMBER	LAST NAME, FIRST NAME	LIFE DUES	TERMINATION DATE	INITIATION FEE	LIFE BENEFIT PLAN PAYMENT
XXX-XX-	BANDOO, DEARMINDRA	30.00		.00	
XXX-XX-	BARBER, JERRY	30.00		.00	
XXX-XX-	BELLINO, MICHAEL FRANK	30.00		.00	
XXX-XX-	DE ABREU, DERECK MICHAEL	30.00		.00	
XXX-XX-	GHANSHIAM, B CHANDRA	30.00		.00	
XXX-XX-	GONZALEZ MONTAS, FRANCISCO ARGENIS	30.00		.00	
XXX-XX-	LAFRATTA, ROBERT	30.00		.00	
XXX-XX-	LINCIFORT, WILDECK	30.00		.00	
XXX-XX-	MAKO, SILVESTER	30.00		.00	
XXX-XX-	MENNA, LEONARD J.	30.00	Terminated	.00	
XXX-XX-	MITCHELL, DERYCK C.	30.00		.00	
XXX-XX-	PEREZ, AMANDO	30.00		.00	
XXX-XX-	SHESTERINE, RAMLOCHAN	30.00		.00	
XXX-XX-	SIERRA, NALSON	30.00		.00	
XXX-XX-	WARD, CURTIS	30.00		.00	
XXX-XX-	WILLIAMS, TISHAWN	30.00		.00	
XXX-XX-	WYNN, CURTIS D.	30.00		.00	
MEMBERS IN SHOP: 17		CURRENT DUE:	\$10.00		
		TOTAL DUE:	\$10.00		
			60.00		
			450.00		

NOTE: We require separate checks for each account. DO NOT CONSOLIDATE LIFE DUES AND LIFE BENEFIT PLAN PAYMENTS, as Government Agencies forbid us to commingle these various accounts.

This All-Purpose Reporting Form must be mailed to 325 73rd Street, Brooklyn, N.Y. 11209, by the 10th of every month.

Life Payment (Dues & Initiation) _____ Life Benefit Plan Payment _____

→ Employer may retain YELLOW COPY for its own files ←

Please notify the Union of any Employee's change of address

LIFE038

LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES

325 73RD STREET

BROOKLYN, NEW YORK 11209

(718) 238-2399

DEC 30 2014

Union Plan

UNION ALL - PURPOSE REPORTING FORM

LIBERTY ASHES
112 PHYLLIS COURT
ELMONY NY 11030

L # 2822

510.00

SHOP #: 0502

PERIOD: 11/2014

REF #: 0502201411

PAGE #: 1

SOCIAL SECURITY NUMBER	LAST NAME, FIRST NAME	LIFE DUES	TERMINATION DATE	INITIATION FEE	LIFE BENEFIT PLAN PAYMENT
XXX-XX-	BANDOO, DEARMINDRA 10/14 - 30.00	30.00		.00	
XXX-XX-	BARBER, JERRY 11/14 - 480.00	30.00		.00	
XXX-XX-	BELLINO, MICHAEL FRANK	30.00		.00	
XXX-XX-	DE ABREU, DERECK MICHAEL	30.00		.00	
XXX-XX-	GHANSHIAM, D CHANDRA	30.00		.00	
XXX-XX-	GONZALEZ MONTAS, FRANCISCO ARGENIS	30.00		.00	
XXX-XX-	LAFRATTA, ROBERT	30.00		.00	
XXX-XX-	LINCIFORT, WILDECK	30.00		.00	
XXX-XX-	MENNA, LEONARD J.	30.00		.00	
XXX-XX-	MITCHELL, DERYCK C.	30.00		.00	
XXX-XX-	PEREZ, AMANDO	30.00		.00	
XXX-XX-	SHESHERINE, RAMLOCHAN	30.00		.00	
XXX-XX-	SIERRA, NALSON	30.00		.00	
XXX-XX-	WARD, CURTIS	30.00		.00	
XXX-XX-	WILLIAMS, TISHAWN	30.00		.00	
XXX-XX-	WYNN, CURTIS D.	30.00		.00	
MEMBERS IN SHOP: 16		CURRENT DUE: 480.00			
		TOTAL DUE: 480.00			
OK BN					
11/30/14					

NOTE: We require separate checks for each account. DO NOT CONSOLIDATE LIFE DUES AND LIFE BENEFIT PLAN PAYMENTS, as Government Agencies forbid us to commingle these various accounts.

This All-Purpose Reporting Form must be mailed to 325 73rd Street, Brooklyn, N.Y. 11209, by the 10th of every month.

Life Payment (Dues & Initiation) Life Benefit Plan Payment

→ Employer may retain YELLOW COPY for its own files ←

Please notify the Union of any Employee's change of address

LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES
325 73RD STREET
BROOKLYN, NEW YORK 11209
(718) 238-2399

JAN 13 2015

UNION ALL - PURPOSE REPORTING FORM

LIBERTY ASHES
 112 PHYLLIS COURT
 ELMONY NY 11030

SHOP #: 0502

PERIOD: 12/2014

REF. #: 0502201412

PAGE #: 1

42893

450.00

SOCIAL SECURITY NUMBER	LAST NAME, FIRST NAME	LIFE DUES	TERMINATION DATE	INITIATION FEE	LIFE BENEFIT PLAN PAYMENT
XXX-XX-	BANDOO, DEARMINDRA	30.00		.00	
XXX-XX-	BARBER, JERRY	30.00		.00	
XXX-XX-	BELLINO, MICHAEL FRANK	30.00		.00	
XXX-XX-	DE ABREU, DERECK MICHAEL	30.00		.00	
XXX-XX-	GHANSHIAM, B CHANDRA	30.00		.00	
XXX-XX-	GONZALEZ MONTAS, FRANCISCO ARGENIS	30.00		.00	
XXX-XX-	LAFRATTA, ROBERT	30.00		.00	
XXX-XX-	LINCIFORT, WILDECK	30.00		.00	
XXX-XX-	MENNA, LEONARD J.	30.00		.00	
XXX-XX-	MITCHELLI, DERYCK C.	30.00		.00	
XXX-XX-	PEREZ, AMANDO	30.00		.00	
XXX-XX-	SHESHERINE, RAMLOCHAN	30.00		.00	
XXX-XX-	SIERRA, NALSON	30.00		.00	
XXX-XX-	WARD, CURTIS	30.00		.00	
XXX-XX-	WILLIAMS, TISHAWN	30.00		.00	
XXX-XX-	WYNN, CURTIS D.	30.00		.00	
MEMBERS IN SHOP: 16		CURRENT DUE:	480.00		
TOTAL DUE:		480.00			
		30.00			
		450.00			
			140		

NOTE: We require separate checks for each account. DO NOT CONSOLIDATE LIFE DUES AND LIFE BENEFIT PLAN PAYMENTS, as Government Agencies forbid us to commingle these various accounts.

This All-Purpose Reporting Form must be mailed to 325 73rd Street, Brooklyn, N.Y. 11209, by the 10th of every month.

Life Payment (Dues & Initiation) _____ Life Benefit Plan Payment _____

→ Employer may retain YELLOW COPY for its own files ←

Please notify the Union of any Employee's change of address

LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES
325 73RD STREET
BROOKLYN, NEW YORK 11209
(718) 238-2399

FEB 03 2015

UNION ALL - PURPOSE REPORTING FORM

LIBERTY ASHES
 112 PHYLLIS COURT
 ELMONY NY 11030

SHOP #: 0502

PERIOD: 01/2015

REF. #: 0502201501

PAGE #: 1

SOCIAL SECURITY NUMBER	LAST NAME, FIRST NAME	LIFE DUES	TERMINATION DATE	INITIATION FEE	LIFE BENEFIT PLAN PAYMENT
XXX-XX-XXXX	BANDOO, DEARMINDRA	30.00		.00	
XXX-XX-XXXX	BARBER, JERRY..	30.00		.00	
XXX-XX-XXXX	BELLINO, MICHAEL FRANK	30.00		.00	
XXX-XX-XXXX	DE ABREU, DERECK MICHAEL	30.00		.00	
XXX-XX-XXXX	GHANSHIAM, B CHANDRA	30.00		.00	
XXX-XX-XXXX	GONZALEZ MONTAS, FRANCISCO ARGENIS	30.00		.00	
XXX-XX-XXXX	LAFRATTA, ROBERT <i>new</i>	30.00		.00	
XXX-XX-XXXX	LINCIFORT, WILDECK	30.00		.00	
XXX-XX-XXXX	MENNA, LEONARD J.	30.00		.00	
XXX-XX-XXXX	MITCHELL, DERYCK C.	30.00		.00	
XXX-XX-XXXX	PEREZ, AMANDO	30.00		.00	
XXX-XX-XXXX	SHESHERINE, RAMLOCHAN	30.00		.00	
XXX-XX-XXXX	SIERRA, NALSON	30.00		.00	
XXX-XX-XXXX	WARD, CURTIS	30.00		.00	
XXX-XX-XXXX	WILLIAMS, TISHAWN	30.00		.00	
XXX-XX-XXXX	WYNN, CURTIS D.	30.00		.00	

MEMBERS IN SHOP: 16

CURRENT DUE:

480.00

TOTAL DUE:

480.00

Short mt. 10/14

30.00

510.00

*- 30.00 *CarFata**

NOTE: We require separate checks for each account. DO NOT CONSOLIDATE LIFE DUES AND LIFE BENEFIT PLAN PAYMENTS, as Government Agencies forbid us to commingle these various accounts.

This All-Purpose Reporting Form must be mailed to 325 73rd Street, Brooklyn, N.Y. 11209, by the 10th of every month.

Life Payment (Dues & Initiation) _____ Life Benefit Plan Payment _____

→ Employer may retain YELLOW COPY for its own files ←

Please notify the Union of any Employee's change of address

LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES
325 73RD STREET
BROOKLYN, NEW YORK 11209
(718) 238-2399

FEB 24 2015

UNION ALL - PURPOSE REPORTING FORM

LIBERTY ASHES
 112 PHYLIS COURT
 ELMONY NY 11030

SHOP #: 0502

PERIOD: 02/2015

REF. #: 0502201502

PAGE #: 1

L #3007

450.00

SOCIAL SECURITY NUMBER	LAST NAME, FIRST NAME	LIFE DUES	TERMINATION DATE	INITIATION FEE	LIFE BENEFIT PLAN PAYMENT
XXX-XX-XXXX	BANDOO, DEARMINDRA	30.00		00	
XXX-XX-XXXX	BARBER, JERRY "	30.00		00	
XXX-XX-XXXX	BELLINO, MICHAEL FRANK	30.00		00	
XXX-XX-XXXX	DE ABREU, DERECK MICHAEL	30.00		00	
XXX-XX-XXXX	GHANSHIAM, B CHANDRA	30.00		00	
XXX-XX-XXXX	GONZALEZ MONTAS, FRANCISCO ARGENTIS	30.00		00	
XXX-XX-XXXX	LINCIFORT, WILDECK	30.00		00	
XXX-XX-XXXX	MENNA, LEONARD J.	30.00		00	
XXX-XX-XXXX	MITCHELL, DERYCK C.	30.00		00	
XXX-XX-XXXX	PEREZ, AMANDO	30.00		00	
XXX-XX-XXXX	SHESSHERINE, RAMLOCHAN	30.00		00	
XXX-XX-XXXX	SIERRA, NALSON	30.00		00	
XXX-XX-XXXX	WARD, CURTIS	30.00		00	
XXX-XX-XXXX	WILLIAMS, TISHAWN	30.00		00	
XXX-XX-XXXX	WYNN, CURTIS D.	30.00		00	
EMBERS IN SHOP: 15		CURRENT DUE:	450.00		
		TOTAL DUE:	450.00		

OK AB

NOTE: We require separate checks for each account. DO NOT CONSOLIDATE LIFE DUES AND LIFE BENEFIT PLAN PAYMENTS, as Government Agencies forbid us to commingle these various accounts.

This All-Purpose Reporting Form must be mailed to 325 73rd Street, Brooklyn, N.Y. 11209, by the 10th of every month.

Life Payment (Dues & Initiation) _____ Life Benefit Plan Payment _____

→ Employer may retain YELLOW COPY for its own files ←

Please notify the Union of any Employee's change of address

LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES
 325 73RD STREET
 BROOKLYN, NEW YORK 11209
 (718) 238-2399

UNION ALL - PURPOSE REPORTING FORM

MAR 31 2015

LIBERTY ASHES
 112 PHYLLIS COURT
 ELMONY NY 11030

SHOP #: 0502

PERIOD: 03/2015

L # 3133

\$50.00

REF. #: 0502201503

PAGE #: 1

SOCIAL SECURITY NUMBER	LAST NAME, FIRST NAME	LIFE DUES	TERMINATION DATE	INITIATION FEE	LIFE BENEFIT PLAN PAYMEN
XXX-XX-XXXX	BANDOO, DEARMINDRA	30.00		.00	
XXX-XX-XXXX	BARBER, JERRY..	30.00		.00	
XXX-XX-XXXX	BELLINO, MICHAEL FRANK	30.00		.00	
XXX-XX-XXXX	DE ABREU, DERECK MICHAEL	30.00		.00	
XXX-XX-XXXX	GHANSHIAM, B CHANDRA	30.00		.00	
XXX-XX-XXXX	GONZALEZ MONTAS, FRANCISCO ARGENIS	30.00		.00	
XXX-XX-XXXX	LINCIFORT, WILDECK	30.00		.00	
XXX-XX-XXXX	MENNA, LEONARD J.	30.00		.00	
XXX-XX-XXXX	MITCHELL, DERYCK C.	30.00		.00	
XXX-XX-XXXX	PEREZ, AMANDO	30.00		.00	
XXX-XX-XXXX	SHESTERINE, RAMLOCHAN	30.00		.00	
XXX-XX-XXXX	SIERRA, NALSON	30.00		.00	
XXX-XX-XXXX	WARD, CURTIS	30.00		.00	
XXX-XX-XXXX	WILLIAMS, TISHAWN	30.00		.00	
XXX-XX-XXXX	WYNN, CURTIS D.	30.00		.00	
<hr/>					
MEMBERS IN SHOP: 15	CURRENT DUE:	450.00			
	TOTAL DUE:	450.00			
	\$50.00				

NOTE: We require separate checks for each account. DO NOT CONSOLIDATE LIFE DUES AND LIFE BENEFIT PLAN PAYMENTS, as Government Agencies forbid us to commingle these various accounts.

This All-Purpose Reporting Form must be mailed to 325 73rd Street, Brooklyn, N.Y. 11209, by the 10th of every month.

Life Payment (Dues & Initiation) _____ Life Benefit Plan Payment _____

→ Employer may retain YELLOW COPY for its own files ←

Please notify the Union of any Employee's change of address

LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES

325 73RD STREET
 BROOKLYN, NEW YORK 11209
 (718) 238-2399

UNION ALL - PURPOSE REPORTING FORM

APR 07 2015

LIBERTY ASHES
 112 PHYLLIS COURT
 ELMONY NY 11030

SHOP #: 0502

PERIOD: 04/2015

REF. #: 0502201504

PAGE #: 1

L #3153
 450.00

SOCIAL SECURITY NUMBER	LAST NAME, FIRST NAME	LIFE DUES	TERMINATION DATE	INITIATION FEE	LIFE BENEFIT PLAN PAYMENT
XXX-XX-	BANDOO, DEARMINDRA	30.00		.00	
XXX-XX-	BARBER, JERRY	30.00		.00	
XXX-XX-	BELLINO, MICHAEL FRANK	30.00		.00	
XXX-XX-	DE ABREU, DERECK MICHAEL	30.00		.00	
XXX-XX-	GHANSHIAM, B CHANDRA	30.00		.00	
XXX-XX-	GONZALEZ MONTAS, FRANCISCO ARGENIS	30.00		.00	
XXX-XX-	LINCIFORT, WILDECK	30.00		.00	
XXX-XX-	MENNA, LEONARD J.	30.00		.00	
XXX-XX-	MITCHELL, DERYCK C.	30.00		.00	
XXX-XX-	PEREZ, AMANDO	30.00		.00	
XXX-XX-	SHESHERINE, RAMLOCHAN	30.00		.00	
XXX-XX-	SIERRA, NALSON	30.00		.00	
XXX-XX-	WARD, CURTIS	30.00		.00	
XXX-XX-	WILLIAMS, TISHAWN	30.00		.00	
XXX-XX-	WYNN, CURTIS D.	30.00		.00	
MEMBERS IN SHOP: 15		CURRENT DUE:	450.00		
		TOTAL DUE:	450.00		
OK APR					

NOTE: We require separate checks for each account. DO NOT CONSOLIDATE LIFE DUES AND LIFE BENEFIT PLAN PAYMENTS, as Government Agencies forbid us to commingle these various accounts.

This All-Purpose Reporting Form must be mailed to 325 73rd Street, Brooklyn, N.Y. 11209, by the 10th of every month.

Life Payment (Dues & Initiation) _____ Life Benefit Plan Payment _____

→ Employer may retain YELLOW COPY for its own files ←

Please notify the Union of any Employee's change of address

LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES
325 73RD STREET
BROOKLYN, NEW YORK 11209
(718) 238-2399

UNION ALL - PURPOSE REPORTING FORM

MAY 12 2015

LIBERTY ASHES
 112 PHYLLIS COURT
 ELMONY NY 11030

SHOP #: 0502

PERIOD: 05/2015

L #3267

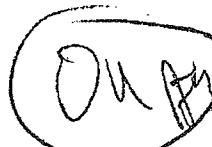
450.00

REF. #: 0502201505

PAGE #: 1

SOCIAL SECURITY NUMBER	LAST NAME, FIRST NAME	LIFE DUES	TERMINATION DATE	INITIATION FEE	LIFE BENEFIT PLAN PAYMEN
XXX-X-X	BANDOO, DEARMINDRA	30.00		.00	
XXX-X-X	BARBER, JERRY	30.00		.00	
XXX-X-X	BELLINO, MICHAEL FRANK	30.00		.00	
XXX-X-X	DE ABREU, DERECK MICHAEL	30.00		.00	
XXX-X-X	GHANSHIAM, B CHANDRA	30.00		.00	
XXX-X-X	GONZALEZ MONTAS, FRANCISCO ARGENIS	30.00		.00	
XXX-X-X	LINCIFORT, WILDECK	30.00		.00	
XXX-X-X	MENNA, LEONARD J.	30.00		.00	
XXX-X-X	MITCHELL, DERYCK C.	30.00		.00	
XXX-X-X	PEREZ, AMANDO	30.00		.00	
XXX-X-X	SHESHERINE, RAMLOCHAN	30.00		.00	
XXX-X-X	SIERRA, NALSON	30.00		.00	
XXX-X-X	WARD, CURTIS	30.00		.00	
XXX-X-X	WILLIAMS, TISHAWN	30.00		.00	
XXX-X-X	WYNN, CURTIS D.	30.00		.00	

MEMBERS IN SHOP: 15	CURRENT DUE:	450.00
	TOTAL DUE:	450.00



NOTE: We require separate checks for each account. DO NOT CONSOLIDATE LIFE DUES AND LIFE BENEFIT PLAN PAYMENTS, as Government Agencies forbid us to commingle these various accounts.

This All-Purpose Reporting Form must be mailed to 325 73rd Street, Brooklyn, N.Y. 11209, by the 10th of every month.

Life Payment (Dues & Initiation) _____ Life Benefit Plan Payment _____

→ Employer may retain YELLOW COPY for its own files ←

Please notify the Union of any Employee's change of address.

LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES
 325 73RD STREET
 BROOKLYN, NEW YORK 11209
 (718) 238-2399

JUN 24 2015

UNION ALL - PURPOSE REPORTING FORM

L # 4123

LIBERTY ASHES
 112 PHYLIS COURT
 ELMONY NY 11030

30.00

SHOP #: 0502

L # 3429

410.00

PERIOD: 06/2015

REF. #: 0502201506

PAGE #: 1

SOCIAL SECURITY NUMBER	LAST NAME, FIRST NAME	LIFE DUES	TERMINATION DATE	INITIATION FEE	LIFE BENEFIT PLAN PAYMEN
XXX-XX-	BANDOO, DEARMINDRA	30.00		.00	
XXX-XX-	BARBER, JERRY	30.00		.00	
XXX-XX-	BELLINO, MICHAEL FRANK	30.00		.00	
XXX-XX-	DE ABREU, DERECK MICHAEL	30.00		.00	
XXX-XX-	GHANSHIAM, B CHANDRA	30.00		.00	
XXX-XX-	GONZALEZ MONTAS, FRANCISCO ARGENIS	30.00		.00	
XXX-XX-	LINCIFORT, WILDECK	30.00		.00	
XXX-XX-	HENNA, LEONARD J.	30.00		.00	
XXX-XX-	MITCHELL, DERYCK C.	30.00		.00	
XXX-XX-	PEREZ, AMANDO	30.00		.00	
XXX-XX-	SHESTERINE, RAMLOCHAN	30.00		.00	
XXX-XX-	SIERRA, NALSON	30.00		.00	
XXX-XX-	WARD, CURTIS	30.00		.00	
XXX-XX-	WILLIAMS, TISHAWN	30.00		.00	
XXX-XX-	WYNN, CURTIS D.	30.00		.00	
MEMBERS IN SHOP: 15		30.00			
CURRENT DUE:		450.00			
TOTAL DUE:		450.00			
MIS					
OC. CIC # 4123 (8/15)		420.00			
		50.00			

NOTE: We require separate checks for each account. DO NOT CONSOLIDATE LIFE DUES AND LIFE BENEFIT PLAN PAYMENTS, as Government Agencies forbid us to commingle these various accounts.

This All-Purpose Reporting Form must be mailed to 325 73rd Street, Brooklyn, N.Y. 11209, by the 10th of every month.

Life Payment (Dues & Initiation) _____ Life Benefit Plan Payment _____

→ Employer may retain YELLOW COPY for its own files ←

Please notify the Union of any Employee's change of address.

LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES
325 73RD STREET
BROOKLYN, NEW YORK 11209
(718) 238-2399

AUG 07 2015

UNION ALL - PURPOSE REPORTING FORM

#4123 30.00 (Priyon, S).
 LIBERTY ASHES
 112 PHYLIS COURT
 ELMONY 07/09/1030 **60.00 (9/15)**
 #4090 **420.00**

SHOP #: 0502

PERIOD: 07/2015

REF. #: 0502201507

PAGE #: 1

SOCIAL SECURITY NUMBER	LAST NAME, FIRST NAME	LIFE DUES	TERMINATION DATE	INITIATION FEE	LIFE BENEFIT PLAN PAYMENT
XXX-XX-XXXX	BANDOO, DEARMINDRA	30.00		.00	
XXX-XX-XXXX	BARBER, JERRY	30.00		.00	
XXX-XX-XXXX	BELLINO, MICHAEL FRANK	30.00		.00	
XXX-XX-XXXX	DE ABREU, DERECK MICHAEL	30.00		.00	
XXX-XX-XXXX	GHANSHIAMI, B CHANDRA	30.00		.00	
XXX-XX-XXXX	GONZALEZ MONTAS, FRANCISCO ARGENIS	30.00		.00	
XXX-XX-XXXX	LINCIFORT, WILDECK	30.00		.00	
XXX-XX-XXXX	MENNA, LEONARD G.	30.00		.00	
XXX-XX-XXXX	MITCHELLY, DERYCK C.	30.00		.00	
XXX-XX-XXXX	PEREZ, AMANDO	30.00		.00	
XXX-XX-XXXX	SHESTERINE, RAMLOCHAN	30.00		.00	
XXX-XX-XXXX	SIERRA, NALSON	30.00		.00	
XXX-XX-XXXX	WARD, CURTIS	30.00		.00	
XXX-XX-XXXX	WILLIAMS, TISHAWN	30.00		.00	
XXX-XX-XXXX	WYNN, CURTIS D.	30.00		.00	
MEMBERS IN SHOP: 15	CURRENT DUE:	450.00			
MISSING:	TOTAL DUE:	450.00			
1) Cabreko, T	9/10 ex ec 4123	36.00			
2) Priyon, S	9/90.00				
3) Powell, Q	or ec 4123				

NOTE: We require separate checks for each account. DO NOT CONSOLIDATE LIFE DUES AND LIFE BENEFIT PLAN PAYMENTS, as Government Agencies forbid us to commingle these various accounts.

This All-Purpose Reporting Form must be mailed to 325 73rd Street, Brooklyn, N.Y. 11209, by the 10th of every month.

Life Payment (Dues & Initiation) _____ Life Benefit Plan Payment _____

→ Employer may retain YELLOW COPY for its own files ←

Please notify the Union of any Employee's change of address

LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES
325 73RD STREET
BROOKLYN, NEW YORK 11209
(718) 238-2399

UNION ALL - PURPOSE REPORTING FORM

AUG 20 2015

LIBERTY ASHES
 112 PHYLLIS COURT
 ELMONY NY 11030

SHOP #: 0502

PERIOD: 08/2015

REF. #: 0502201508

PAGE #: 1

SOCIAL SECURITY NUMBER	LAST NAME, FIRST NAME	LIFE DUES	TERMINATION DATE	INITIATION FEE	LIFE BENEFIT PLAN PAYMENT
XXX-XX-XXXX	BANDOO, DEARMINDRA 6/15 - 30.00	30.00		.00	
XXX-XX-XXXX	BARBER, JERRY	30.00		.00	
XXX-XX-XXXX	BELLINO, MICHAEL FRANK	30.00		.00	
XXX-XX-XXXX	CABRERA, JESSE 7/15 - 30.00	30.00		75.00	
XXX-XX-XXXX	DE ABREU, DERECK MICHAEL	30.00		.00	
XXX-XX-XXXX	GHANSHIAM, B CHANDRA	30.00		.00	
XXX-XX-XXXX	GONZALEZ MONTAS, FRANCISCO ARGENIS	30.00		.00	
XXX-XX-XXXX	LINCIFORT, WILDECK	30.00		.00	
XXX-XX-XXXX	MITCHELL, DERYCK C. 8/15 - 510.00	30.00		.00	
XXX-XX-XXXX	PEREZ, AMANDO	30.00		.00	
XXX-XX-XXXX	POWELL, QUANANE	30.00		75.00	
XXX-XX-XXXX	PRYOR, JERMAINE	30.00		.00	
XXX-XX-XXXX	SHESTERINE, RAMLOCHAN	30.00		.00	
XXX-XX-XXXX	SIERRA, NALSON	30.00		.00	
XXX-XX-XXXX	WARD, CURTIS	30.00		.00	
XXX-XX-XXXX	WILLIAMS, TISHAWN	30.00		.00	
XXX-XX-XXXX	WYNN, CURTIS D.	30.00		.00	

MEMBERS IN SHOP: 17	CURRENT DUE:	\$10.00	150.00
<i>missing pts</i>	TOTAL DUE:	\$10.00	150.00
<i>1/ Pryor, J - 30.00 (7/15)</i>			
<i>W/ Powell, Q (6/15) - 30.00</i>		<i>570.00</i>	<i>On 6/3</i>

NOTE: We require separate checks for each account. DO NOT CONSOLIDATE LIFE DUES AND LIFE BENEFIT PLAN PAYMENTS, as Government Agencies forbid us to commingle these various accounts.

This All-Purpose Reporting Form must be mailed to 325 73rd Street, Brooklyn, N.Y. 11209, by the 10th of every month.

Life Payment (Dues & Initiation) _____ Life Benefit Plan Payment _____

→ Employer may retain YELLOW COPY for its own files ←

Please notify the Union of any Employee's change of address

LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES
325 73RD STREET
BROOKLYN, NEW YORK 11209
(718) 238-2399

SEP 14 2015

UNION ALL - PURPOSE REPORTING FORM

LIBERTY ASHES
 112 PHYLLIS COURT
 ELMONY NY 11030

SHOP #: 0502

PERIOD: 09/2015

L + 4199

680.00

REF. #: 0502201509

PAGE #: 1

SOCIAL SECURITY NUMBER	LAST NAME, FIRST NAME	LIFE DUES	TERMINATION DATE	INITIATION FEE	LIFE BENEFIT PLAN PAYMENT
XXX-XX-	BANDOO, DEARMINDRA	7/15 - 60.00			
XXX-XX-	BARBER, JERRY	9/15			
XXX-XX-	BELLINO, MICHAEL FRANK				
XXX-XX-	CABRERA, JESSE	7/15	7/15	30.00	
XXX-XX-	DE ABREU, DERECK MICHAEL				
XXX-XX-	GHANSHIAM, B CHANDRA				
XXX-XX-	GONZALEZ MONTAS, FRANCISCO ARGENIS				
XXX-XX-	LINCIFORT, WILDECK				
XXX-XX-	MITCHELL, DERYCK C.				
XXX-XX-	PEREZ, AMANDO				
XXX-XX-	POWELL, QUANANE	6/15, 7/15		60.00	
XXX-XX-	PRYOR, JERMAINE	7/15		30.00	
XXX-XX-	SHESTERINE, RAMLOCHAN				
XXX-XX-	SIERRA, NALSON				
XXX-XX-	WARD, CURTIS				
XXX-XX-	WILLIAMS, TISHAWN				
XXX-XX-	WYNN, CURTIS D.				
MEMBERS IN SHOP: 17		CURRENT DUE:	510.00		
		TOTAL DUE:	510.00	180.00	
					680.00

NOTE: We require separate checks for each account. DO NOT CONSOLIDATE LIFE DUES AND LIFE BENEFIT PLAN PAYMENTS, as Government agencies forbid us to commingle these various accounts.

This All-Purpose Reporting Form must be mailed to 325 73rd Street, Brooklyn, N.Y. 11209, by the 10th of every month.

Life Payment (Dues & Initiation) _____ Life Benefit Plan Payment _____

→ Employer may retain YELLOW COPY for its own files ←

Please notify the Union of any Employee's change of address.

LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES
325 73RD STREET
BROOKLYN, NEW YORK 11209
(718) 238-2399

NOV 03 2015

UNION ALL - PURPOSE REPORTING FORM

LIBERTY ASHES
112 PHYLLIS COURT
ELMONY, NY 11030

SHOP #: 0502

PERIOD: 10/2015

REF. #: 05022015

L #4384

480.00

PAGE #: 1

SOCIAL SECURITY NUMBER	LAST NAME, FIRST NAME	LIFE DUES	TERMINATION DATE	INITIATION FEE	LIFE-BENEFIT PLAN PAYMENT
XXX-XX-XXXX	BANDOO, DEARMINDRA	30.00		.00	
XXX-XX-XXXX	BARBER, JERRY	30.00		.00	
XXX-XX-XXXX	BELLINO, MICHAEL FRANK	30.00		.00	
XXX-XX-XXXX	CABRERA, JESSE	30.00		.00	
XXX-XX-XXXX	DE ABREU, DERECK MICHAEL	30.00		.00	
XXX-XX-XXXX	GHANSHIAM, B CHANDRA	30.00		.00	
XXX-XX-XXXX	GONZALEZ MONTAS, FRANCISCO ARGENIS	30.00		.00	
XXX-XX-XXXX	LINCIFORT, WILDECK	30.00		.00	
XXX-XX-XXXX	MITCHELL, DERYCK C.	30.00		.00	
XXX-XX-XXXX	PEREZ, AMANDA	30.00		.00	
XXX-XX-XXXX	POWELL, QUANANE	30.00		.00	
XXX-XX-XXXX	PRYOR, JERMAINE	30.00		.00	
XXX-XX-XXXX	SHESTERINE, RAMLOCHAN	30.00		.00	
XXX-XX-XXXX	SIERRA, NALSON	30.00		.00	
XXX-XX-XXXX	WARD, CURTIE	30.00		.00	
XXX-XX-XXXX	WILLIAMS, TISHAWN	30.00		.00	
XXX-XX-XXXX	WYNN, CURTIS D.	30.00		.00	

MEMBERS IN SHOP: 17

CURRENT DUE: 510.00

PREVIOUS BALANCE DUE: 265.00

TOTAL DUE: 2-575.00

30.00

NOTE: We require separate checks for each account. DO NOT CONSOLIDATE LIFE DUES AND LIFE BENEFIT PLAN PAYMENTS, as Government agencies forbid us to commingle these various accounts.

This All-Purpose Reporting Form must be mailed to 325 73rd Street, Brooklyn, N.Y. 11209, by the 10th of every month.

Life Payment (Dues & Initiation)

Life Benefit Plan Payment

→ Employer may retain YELLOW COPY for its own files ←

Please notify the Union of any Employee's change of address

LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES

325 73RD STREET
 BROOKLYN, NEW YORK 11209
 (718) 238-2399

DEC 14 2015

UNION ALL - PURPOSE REPORTING FORM

LIBERTY ASHES
 112 PHYLLIS COURT
 ELMONY NY 11030

SHOP #: 0502

PERIOD: 11/2015

REF. #: 0502201511

PAGE #: 1

L = 3509 480.00

SOCIAL SECURITY NUMBER	LAST NAME, FIRST NAME	LIFE DUES	TERMINATION DATE	INITIATION FEE	LIFE BENEFIT PLAN PAYMEN
XXX-XX-[REDACTED]	BANDOO, DEARMINDRA	30.00		.00	
XXX-XX-[REDACTED]	BARBER, JERRY	30.00		.00	
XXX-XX-[REDACTED]	BELLINO, MICHAEL FRANK	30.00		.00	
XXX-XX-[REDACTED]	CADRERA, JESSE	30.00		.00	
XXX-XX-[REDACTED]	DE ABREU, DERECK MICHAEL	30.00		.00	
XXX-XX-[REDACTED]	GHANSHIAM, CHANDRA	30.00		.00	
XXX-XX-[REDACTED]	GONZALEZ MONTAS, FRANCISCO ARGENIS	30.00		.00	
XXX-XX-[REDACTED]	LINCIFORT, WILDECK	30.00		.00	
XXX-XX-[REDACTED]	MITCHELL, DERYCK C.	30.00		.00	
XXX-XX-[REDACTED]	PEREZ, AMANDO	30.00		.00	
XXX-XX-[REDACTED]	PRYOR, JERMAINE	30.00		.00	
XXX-XX-[REDACTED]	SHESTERINE, RAMLOCHAN	30.00		.00	
XXX-XX-[REDACTED]	SIERRA, NALSON	30.00		.00	
XXX-XX-[REDACTED]	WARD, CURTIS	30.00		.00	
XXX-XX-[REDACTED]	WILLIAMS, TISHAWN	30.00		.00	
XXX-XX-[REDACTED]	WYNN, CURTIS D.	30.00		.00	
MEMBERS IN SHOP: 16		CURRENT DUE:	480.00		
		TOTAL DUE:	480.00		

NOTE: We require separate checks for each account. DO NOT CONSOLIDATE LIFE DUES AND LIFE BENEFIT PLAN PAYMENTS, as Government agencies forbid us to commingle these various accounts.

This All-Purpose Reporting Form must be mailed to 325 73rd Street, Brooklyn, N.Y. 11209, by the 10th of every month.

Life Payment (Dues & Initiation) _____ Life Benefit Plan Payment _____

→ Employer may retain YELLOW COPY for its own files ←

Please notify the Union of any Employee's change of address

LIFE051

LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES
325 73RD STREET
BROOKLYN, NEW YORK 11209
(718) 238-2399

FEB 01 2016

UNION ALL - PURPOSE REPORTING FORM

LIBERTY ABHES
112 PHYLLIS COURT
ELMONY NY 11030

SHOP #: 0502

480.00

PERIOD: 12/2015

L #3678

REF. #: 0502201512

PAGE #: 1

SOCIAL SECURITY NUMBER	LAST NAME, FIRST NAME	LIFE DUES	TERMINATION DATE	INITIATION FEE	LIFE BENEFIT PLAN PAYMENT
XXX-XX-	BANDOO, DEARMINDRA	30.00		.00	
XXX-XX-	BARBER, JERRY	30.00		.00	
XXX-XX-	BELLINO, MICHAEL FRANK	30.00		.00	
XXX-XX-	CABRERA, JESSE	30.00		.00	
XXX-XX-	DE ABREU, DERECK MICHAEL	30.00		.00	
XXX-XX-	GHANSHIAM, CHANDRA	30.00		.00	
XXX-XX-	GONZALEZ MONTAG, FRANCISCO ARGENIS	30.00		.00	
XXX-XX-	LINGIFORT, WILDECK	30.00		.00	
XXX-XX-	MITCHELLA, BERYCK C.	30.00		.00	
XXX-XX-	PEREZ, AMANDO	30.00		.00	
XXX-XX-	PRYOR, JERMAINE	30.00		.00	
XXX-XX-	SHESTERINE, RAMLOCHAN	30.00		.00	
XXX-XX-	SIERRA, NALSON	30.00		.00	
XXX-XX-	WARD, CURTIS	30.00		.00	
XXX-XX-	WILLIAMS, TISHAWN	30.00		.00	
XXX-XX-	WYNN, CURTIS D.	30.00		.00	
MEMBERS IN SHOP: 16		CURRENT DUE:	480.00		
		TOTAL DUE:	480.00		
(A) (A)					

NOTE: We require separate checks for each account. DO NOT CONSOLIDATE LIFE DUES AND LIFE BENEFIT PLAN PAYMENTS, as Government agencies forbid us to commingle these various accounts.

This All-Purpose Reporting Form must be mailed to 325 73rd Street, Brooklyn, N.Y. 11209, by the 10th of every month.

Life Payment (Dues & Initiation)

Life Benefit Plan Payment

→ Employer may retain YELLOW COPY for its own files ←

Please notify the Union of any Employee's change of address

LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES
325 73RD STREET
BROOKLYN, NEW YORK 11209
(718) 238-2399

UNION ALL - PURPOSE REPORTING FORM

FEB 19 2016

LIBERTY ASHES
 112 PHYLLIS COURT
 ELMONY NY 11030

SHOP #: 0502

PERIOD: 01/2016

REF. #: 0502201601

PAGE #: 1

L #3745

480.00

SOCIAL SECURITY NUMBER	LAST NAME, FIRST NAME	LIFE DUES	TERMINATION DATE	INITIATION FEE	LIFE BENEFIT PLAN PAYMENT
XXX-XX-	BANDOO, DEARMINDRA	30.00		.00	
XXX-XX-	BARBER, JERRY	30.00		.00	
XXX-XX-	BELLINO, MICHAEL FRANK	30.00		.00	
XXX-XX-	CABRERA, JESSE	30.00		.00	
XXX-XX-	DE ABREU, DERECK MICHAEL	30.00		.00	
XXX-XX-	GHANSHIAM, CHANDRA	30.00		.00	
XXX-XX-	GONZALEZ MONTAS, FRANCISCO ARGENIS	30.00		.00	
XXX-XX-	LINCIFORT, WILDECK	30.00		.00	
XXX-XX-	MITCHELL, DERYCK C.	30.00		.00	
XXX-XX-	PEREZ, AMANDO	30.00		.00	
XXX-XX-	PRYOR, JERMAINE	30.00		.00	
XXX-XX-	SHESHERINE, RAMLOCHAN	30.00		.00	
XXX-XX-	SIERRA, NALSON	30.00		.00	
XXX-XX-	WARD, CURTIS	30.00		.00	
XXX-XX-	WILLIAMS, TISHAWN	30.00		.00	
XXX-XX-	WYNN, CURTIS D.	30.00		.00	

MEMBERS IN SHOP: 16	CURRENT DUE:	480.00
	TOTAL DUE:	480.00

(Ou M)

NOTE: We require separate checks for each account. DO NOT CONSOLIDATE LIFE DUES AND LIFE BENEFIT PLAN PAYMENTS, as Government agencies forbid us to commingle these various accounts.

This All-Purpose Reporting Form must be mailed to 325 73rd Street, Brooklyn, N.Y. 11209, by the 10th of every month.

Life Payment (Dues & Initiation) _____ Life Benefit Plan Payment _____

→ Employer may retain YELLOW COPY for its own files ←

Please notify the Union of any Employee's change of address

LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES
325 73RD STREET
BROOKLYN, NEW YORK 11209
(718) 238-2399

MAR 11 2016

UNION ALL - PURPOSE REPORTING FORM

3908 30.00 (3/16)
 LIBERTY ASHES 480.00
 112 PHYLLIS COURT
 ELMONY NY 11030
 # 3947 60.00 (4/16)
 # 3780 OUT

SHOP #: 0502

PERIOD: 02/2016

REF. #: 0502201602

PAGE #: 1

SOCIAL SECURITY NUMBER	LAST NAME, FIRST NAME	LIFE DUES	TERMINATION DATE	INITIATION FEE	LIFE BENEFIT PLAN PAYMEN
XXX-XX-	VANDOO, DEARMINDRA	30.00		.00	
XXX-XX-	BARBER, JERRY	30.00		.00	
XXX-XX-	BELLINO, MICHAEL FRANK	30.00		.00	
XXX-XX-	CABRERA, JESSE	30.00		.00	
XXX-XX-	DE ABREU, DERECK MICHAEL	30.00		.00	
XXX-XX-	GHANSHIAM, CHANDRA	30.00		.00	
XXX-XX-	GONZALEZ MONTAS, FRANCISCO ARGENIS	30.00		.00	
XXX-XX-	LINGIFORT, WILDECK	30.00		.00	
XXX-XX-	MITCHELL, DERYCK C.	30.00		.00	
XXX-XX-	PEREZ, AMANDO	30.00		.00	
XXX-XX-	PRYOR, JERMAINE	30.00		.00	
XXX-XX-	SHESHERINE, RAMLOCHAN	30.00		.00	
XXX-XX-	SIERRA, NALSON	30.00		.00	
XXX-XX-	WARD, CURTIS	30.00		.00	
XXX-XX-	WILLIAMS, TISHAWN	30.00		.00	
XXX-XX-	WYNN, CURTIS D.	30.00		.00	

MEMBERS IN SHOP: 16

CURRENT DUE:

480.00

TOTAL DUE:

480.00

missing:

1) Adams, E → oc 3908 30.00 30.00 480.00

2) Falcon, T → oc 3947 30.00 30.00 480.00

3) Consolo, R → oc 3947 30.00 30.00 480.00

NOTE: We require separate checks for each account. DO NOT CONSOLIDATE LIFE DUES AND LIFE BENEFIT PLAN PAYMENTS, as Government agencies forbid us to commingle these various accounts.

This All-Purpose Reporting Form must be mailed to 325 73rd Street, Brooklyn, N.Y. 11209, by the 10th of every month.

Life Payment (Dues & Initiation) _____ Life Benefit Plan Payment _____

→ Employer may retain YELLOW COPY for its own files ←

Please notify the Union of any Employee's change of address

LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES
325 73RD STREET
BROOKLYN, NEW YORK 11209
(718) 238-2399

APR 12 2016

UNION ALL - PURPOSE REPORTING FORM #3947

60.00 (4/16)

LIBERTY ASHES
112 PHYLLIS COURT
ELMONY NY 11030

SHOP #: 0502

L #3908

600.00

PERIOD: 03/2016

REF. #: 0502201603

PAGE #: 1

SOCIAL SECURITY NUMBER	LAST NAME, FIRST NAME	LIFE DUES	TERMINATION DATE	INITIATION FEE	LIFE BENEFIT PLAN PAYMENT
XXX-XX-	ADAMS, ERIC 2/16 - 30.00	30.00		75.00	
XXX-XX-	ABANDOO, DEARMINDRA	30.00		.00	
XXX-XX-	BARBER, JERRY 3/16 - 570.00	30.00		.00	
XXX-XX-	BELLINO, MICHAEL FRANK	30.00		.00	
XXX-XX-	CABRERA, JESSE	30.00		.00	
XXX-XX-	CONSOLI, ROBERT	30.00		.00	
XXX-XX-	DE ABREU, DERECK MICHAEL	30.00		.00	
XXX-XX-	FALCON, JOSE	30.00		75.00	
XXX-XX-	GHANSHIAM, CHANDRA	30.00		.00	
XXX-XX-	GONZALEZ MONTAS, FRANCISCO ARGENIS	30.00		.00	
XXX-XX-	INCIFORT, WILDECK	30.00		.00	
XXX-XX-	MITCHELL, DERYCK C.	30.00		.00	
XXX-XX-	PEREZ, AMANDO	30.00		.00	
XXX-XX-	PRYOR, JERMAINE	30.00		.00	
XXX-XX-	SHESTERINE, RAMLOCHAN	30.00		.00	
XXX-XX-	SIERRA, NALSON	30.00		.00	
XXX-XX-	WARD, CURTIS	30.00		.00	
XXX-XX-	WILLIAMS, TISHAWN	30.00		.00	
XXX-XX-	WYNN, CURTIS D.	30.00		.00	
Santago, P. - missing		30.00			
Williams, L. - missing		570.00		150.00	
Missing pmt.		570.00		150.00	
Adams 2/16 - 30.00		30.00		600.00	

NOTE: We require separate checks for each account. DO NOT CONSOLIDATE LIFE DUES AND LIFE BENEFIT PLAN PAYMENTS, as Government agencies forbid us to commingle these various accounts.

This All-Purpose Reporting Form must be mailed to 325 73rd Street, Brooklyn, N.Y. 11209, by the 10th of every month.

Life Payment (Dues & Initiation) _____ Life Benefit Plan Payment _____

→ Employer may retain YELLOW COPY for its own files ←

Please notify the Union of any Employee's change of address:

LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES
 325 73RD STREET
 BROOKLYN, NEW YORK 11209
 (718) 238-2399

MAY 02 2016

UNION ALL - PURPOSE REPORTING FORM

LIBERTY ASHES
 112 PHYLLIS COURT
 ELMONY NY 11030

SHOP #: 0502

PERIOD: 04/2016

REF. #: 0502201604

PAGE #: 1

SOCIAL SECURITY NUMBER	LAST NAME, FIRST NAME	LIFE DUES	TERMINATION DATE	INITIATION FEE	LIFE BENEFIT PLAN PAYMENT
XXX-XX-	ADAMS, ERIC 2/16	60.00		.00	
XXX-XX-	BANDOO, DEARMINDRA	30.00		.00	
XXX-XX-	BARBER, JERRY 3/16	60.00		.00	
XXX-XX-	BELLINO, MICHAEL FRANK	30.00		.00	
XXX-XX-	CABRERA, JESSE	30.00		.00	
XXX-XX-	CONSOLI, ROBERT 4/16	630.00			
XXX-XX-	DE ABREU, DERECK MICHAEL	30.00		.00	
XXX-XX-	FALCON, JOSE	30.00		.00	
XXX-XX-	GHANSHIAMI, CHANDRA	30.00		.00	
XXX-XX-	GONZALEZ MONTAB, FRANCISCO ARGENIS	30.00		.00	
XXX-XX-	LINCIFORT, WILDECK	30.00		.00	
XXX-XX-	MITCHELL, DERYCK C.	30.00		.00	
XXX-XX-	PEREZ, AMANDO	30.00		.00	
XXX-XX-	PRYOR, JERMAINE	30.00		.00	
XXX-XX-	SANTIAGO, PACO EDDIE	30.00		75.00	
XXX-XX-	SHESHERINE, RAMLOCHAN	30.00		.00	
XXX-XX-	SIERRA, NALSON	30.00		.00	
XXX-XX-	WARD, CURTIS	30.00		.00	
XXX-XX-	WILLIAMS, LASCELLES JUNIOR	30.00		75.00	
XXX-XX-	WILLIAMS, TISHAWN	30.00		.00	
XXX-XX-	WYNN, CURTIS D.	30.00		.00	
MEMBERS IN SHOP: 21		CURRENT DUE:	630.00	150.00	
in seeing!		TOTAL DUE:	630.00	150.00	
1) Falcon, Adams, Consolo (2/16)		90.00			
1) Santiago (3/10) Williams, L		30.00	30.00		

NOTE: We require separate checks for each account. DO NOT CONSOLIDATE LIFE DUES AND LIFE BENEFIT PLAN PAYMENTS, as Government agencies forbid us to commingle these various accounts.

This All-Purpose Reporting Form must be mailed to 325 73rd Street, Brooklyn, N.Y. 11209, by the 10th of every month.

Life Payment (Dues & Initiation)

Life Benefit Plan Payment

→ Employer may retain YELLOW COPY for its own files ←

Please notify the Union of any Employee's change of address

LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES

825 73RD STREET
BROOKLYN, NEW YORK 11209
(718) 238-2399

MAY 3 1 2010

UNION-ALL - PURPOSE REPORTING FORM

LIBERTY LAUNDRY
116 PHYLIS COURT
ELMONY, NY 11030

1980-050

PERIOD: 01/2018

REF. #: 0502201404

110

LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES

325 73RD STREET
 BROOKLYN, NEW YORK 11209
 (718) 238-2399

JUL 05 2016

UNION ALL - PURPOSE REPORTING FORM

LIBERTY ASHES
 112 PHYLLIS COURT
 ELMONY NY 11030

L #1665

DU 11
 050.00

SHOP #: 0502

PERIOD: 06/2016

REF. #: 0502201606

PAGE #: 1

SOCIAL SECURITY NUMBER	LAST NAME, FIRST NAME	LIFE DUES	TERMINATION DATE	INITIATION FEE	LIFE BENEFIT PLAN PAYMENT
XXX-XX-	ADAMS, ERIC	30.00		.00	
XXX-XX-	BANDOO, DEARMINDRA	30.00		.00	
XXX-XX-	BARBER, JERRY	30.00		.00	
XXX-XX-	BELLINO, MICHAEL FRANK	30.00		.00	
XXX-XX-	CABRERA, JESSE	30.00		.00	
XXX-XX-	CONSOLI, ROBERT	30.00		.00	
XXX-XX-	DE ABREU, DERECK MICHAEL	30.00		.00	
XXX-XX-	FALCON, JOSE	30.00		.00	
XXX-XX-	GHANSHIAM, CHANDRA	30.00		.00	
XXX-XX-	GONZALEZ MONTAS, FRANCISCO ARGENIS	30.00		.00	
XXX-XX-	LINCIFORT, WILDECK	30.00		.00	
XXX-XX-	MITCHELL, DERYCK C.	30.00		.00	
XXX-XX-	PEREZ, AMANDO	30.00		.00	
XXX-XX-	PRYOR, JERMAINE	30.00		.00	
XXX-XX-	SANTIAGO, PACO EDDIE	30.00		.00	
XXX-XX-	SHESHERINE, RAMLOCHAN	30.00		.00	
XXX-XX-	SIERRA, NALSON	30.00		.00	
XXX-XX-	WARD, CURTIS	30.00		.00	
XXX-XX-	WILLIAMS, LASCELLES JUNIOR	30.00		.00	
XXX-XX-	WILLIAMS, TISHAWN	30.00		.00	
XXX-XX-	WYNN, CURTIS D.	30.00		.00	
MEMBERS IN SHOP: 21		CURRENT DUE:	630.00		
		TOTAL DUE:	630.00		

NOTE: We require separate checks for each account. DO NOT CONSOLIDATE LIFE DUES AND LIFE BENEFIT PLAN PAYMENTS, as Government agencies forbid us to commingle these various accounts.

This All-Purpose Reporting Form must be mailed to 325 73rd Street, Brooklyn, N.Y. 11209, by the 10th of every month.

Life Payment (Dues & Initiation) _____ Life Benefit Plan Payment _____

→ Employer may retain YELLOW COPY for its own files ←

Please notify the Union of any Employee's change of address

LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES
325 73RD STREET
BROOKLYN, NEW YORK 11209
(718) 238-2399

AUG 16 2016

UNION ALL - PURPOSE REPORTING FORM

LIBERTY ASHES
112 PHYLLIS COURT
ELMONY NY 11030

SHOP #: 0502

PERIOD: 07/2016

REF. #: 0502201607

PAGE #: 1

SOCIAL SECURITY NUMBER	LAST NAME, FIRST NAME	LIFE DUES	TERMINATION DATE	INITIATION FEE	LIFE BENEFIT PLAN PAYMENT
XXX-XX-	ADAMS, ERIC	30.00		.00	
XXX-XX-	BANDOO, DEARMINDRA	30.00		.00	
XXX-XX-	BARBER, JERRY	30.00		.00	
XXX-XX-	BELLINO, MICHAEL FRANK	30.00		.00	
XXX-XX-	CABRERA, JESSE	30.00		.00	
XXX-XX-	CONSOLI, ROBERT	30.00		.00	
XXX-XX-	DE ABREU, DERECK MICHAEL	30.00		.00	
XXX-XX-	FALCON, JOSE	30.00		.00	
XXX-XX-	GHANSHIAMI, CHANDRA	30.00		.00	
XXX-XX-	GONZALEZ, MONTAS, FRANCISCO ARGENIS	30.00		.00	
XXX-XX-	LINCIFORT, WILDECK	30.00		.00	
XXX-XX-	MITCHELL, DERYCK C.	30.00		.00	
XXX-XX-	PEREZ, AMANDO	30.00		.00	
XXX-XX-	PRYOR, JERMAINE	30.00		.00	
XXX-XX-	SANTIAGO, PACO EDDIE	30.00		.00	
XXX-XX-	SHESHNERINE, RAMLOCHAN	30.00		.00	
XXX-XX-	SIERRA, NALSON	30.00		.00	
XXX-XX-	WARD, CURTIS	30.00		.00	
XXX-XX-	WILLIAMS, LASCELLES JUNIOR	30.00		.00	
XXX-XX-	WILLIAMS, TISHAWN	30.00		.00	
XXX-XX-	WYNN, CURTIS D.	30.00		.00	
MEMBERS IN SHOP: 21		CURRENT DUE:	630.00		
		TOTAL DUE:	630.00		
			- 30.00		
			600.00		
				A9	

NOTE: We require separate checks for each account. DO NOT CONSOLIDATE LIFE DUES AND LIFE BENEFIT PLAN PAYMENTS, as Government agencies forbid us to commingle these various accounts.

This All-Purpose Reporting Form must be mailed to 325 73rd Street, Brooklyn, N.Y. 11209, by the 10th of every month.

Life Payment (Dues & Initiation) _____ Life Benefit Plan Payment _____

→ Employer may retain YELLOW COPY for its own files ←

Please notify the Union of any Employee's change of address

LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES
 325 73RD STREET
 BROOKLYN, NEW YORK 11209
 (718) 238-2399

UNION ALL-PURPOSE REPORTING FORM

NOV 29 2016

LIBERTY ASHES
 112 PHYLLIS COURT
 ELMONY, NY 11030

SHOP #: 0502

PERIOD: 08/2016

REF. #: 0502201608

6287

600.00

PAGE #: 1

SOCIAL SECURITY NUMBER	LAST NAME, FIRST NAME	MEMBERSHIP	TERMINATION DATE	INITIATION FEE	PAYMENT
XXX-XX- [REDACTED]	ADAMS, ERIC	30.00		.00	
XXX-XX- [REDACTED]	BANDOO, DEARMINDRA	30.00		.00	
XXX-XX- [REDACTED]	BARBER, JERRY	30.00		.00	
XXX-XX- [REDACTED]	BELLINO, MICHAEL FRANK	30.00		.00	
XXX-XX- [REDACTED]	CABRERA, JESSE	30.00		.00	
XXX-XX- [REDACTED]	CONSOLI, ROBERT	30.00		.00	
XXX-XX- [REDACTED]	DE ABREU, DERECK MICHAEL	30.00		.00	
XXX-XX- [REDACTED]	FALCON, JOSE	30.00		.00	
XXX-XX- [REDACTED]	GHANSHIAM, CHANDRA	30.00		.00	
XXX-XX- [REDACTED]	GONZALEZ MONTAS, FRANCISCO ARGENIS	30.00		.00	
XXX-XX- [REDACTED]	LINCIFORT, WILDECK	30.00		.00	
XXX-XX- [REDACTED]	MITCHELL, DERYCK C.	30.00		.00	
XXX-XX- [REDACTED]	PEREZ, AMANDO	30.00		.00	
XXX-XX- [REDACTED]	SANTIAGO, PACO EDDIE	30.00		.00	
XXX-XX- [REDACTED]	SHESHERINE, RAMLOCHAN	30.00		.00	
XXX-XX- [REDACTED]	SIERRA, NALSON	30.00		.00	
XXX-XX- [REDACTED]	WARD, CURTIS	30.00		.00	
XXX-XX- [REDACTED]	WILLIAMS, LASCELLES JUNIOR	30.00		.00	
XXX-XX- [REDACTED]	WILLIAMS, TISHAWN	30.00		.00	
XXX-XX- [REDACTED]	WYNN, CURTIS D.	30.00		.00	
MEMBERS IN SHOP: 20	CURRENT DUE:	600.00			
	PREVIOUS BALANCE DUE:	515.00			
	TOTAL DUE:	2,115.00		325.00	

NOTE: We require separate checks for each account. DO NOT CONSOLIDATE DUES AND LIFE BENEFIT PLAN PAYMENTS, as Government Agencies forbid us to commingle these various accounts.

This All-Purpose Reporting Form must be mailed to 325 73rd Street, Brooklyn, N.Y. 11209, by the 10th of every month.

Life Payment (Dues & Initiation) _____ Life Benefit Plan Payment _____

→ Employer may retain YELLOW COPY for its own files ←

Please notify the Union of any Employee's change of address.

LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES

325 73RD STREET
BROOKLYN, NEW YORK 11209
(718) 238-2399

UNION ALL-PURPOSE REPORTING FORM

OCT 04 2016

LIBERTY ASHES
112 PHYLLIS COURT
ELMONY NY 11030

SHOP #: 0502

PERIOD: 09/2016

600.00

REF. #: 0502201609

#6033

PAGE #: 1

SOCIAL SECURITY NUMBER	LAST NAME FIRST NAME	LIFE DUES	TERMINATION DATE	INITIATION FEE	PAYMENT IN ADVANCE
XXX-XX-[REDACTED]	ADAMS, ERIC	30.00		.00	
XXX-XX-[REDACTED]	BANDOO, DEARMINDRA	30.00		.00	
XXX-XX-[REDACTED]	BARBER, JERRY	30.00		.00	
XXX-XX-[REDACTED]	BELLINO, MICHAEL FRANK	30.00		.00	
XXX-XX-[REDACTED]	CABRERA, JESSE	30.00		.00	
XXX-XX-[REDACTED]	CONSOLO, ROBERT	30.00		.00	
XXX-XX-[REDACTED]	DE ABREU, DERECK MICHAEL	30.00		.00	
XXX-XX-[REDACTED]	FALCON, JOSE	30.00		.00	
XXX-XX-[REDACTED]	GHANSHIAM, CHANDRA	30.00		.00	
XXX-XX-[REDACTED]	GONZALEZ MONTAS, FRANCISCO ARGENIS	30.00		.00	
XXX-XX-[REDACTED]	LINCIFORT, WILDECK	30.00		.00	
XXX-XX-[REDACTED]	MITCHELL, DERYCK C.	30.00		.00	
XXX-XX-[REDACTED]	PEREZ, AMANDO	30.00		.00	
XXX-XX-[REDACTED]	SANTIAGO, PACO EDDIE	30.00		.00	
XXX-XX-[REDACTED]	SHESHERINE, RAMLOCHAN	30.00		.00	
XXX-XX-[REDACTED]	SIERRA, NALSON	30.00		.00	
XXX-XX-[REDACTED]	WARD, CURTIS	30.00		.00	
XXX-XX-[REDACTED]	WILLIAMS, LASCELLES JUNIOR	30.00		.00	
XXX-XX-[REDACTED]	WILLIAMS, TISHAWN	30.00		.00	
XXX-XX-[REDACTED]	WYNN, CURTIS D.	30.00		.00	
MEMBERS IN SHOP: 20	CURRENT DUE:	600.00			
	TOTAL DUE:	600.00			

O/N

NOTE: We require separate checks for each account. DO NOT CONSOLIDATE DUES AND LIFE BENEFIT PLAN PAYMENTS, as Government Agencies forbid us to commingle these various accounts.

This All-Purpose Reporting Form must be mailed to 325 73rd Street, Brooklyn, N.Y. 11209, by the 10th of every month.

Life Payment (Dues & Initiation) _____ Life Benefit Plan Payment _____

→ Employer may retain YELLOW COPY for its own files ←

Please notify the Union of any Employee's change of address.

LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES

325 73RD STREET
BROOKLYN, NEW YORK 11209
(718) 238-2399

NOV 09 2016

UNION ALL-PURPOSE REPORTING FORM

LIBERTY ASHES
112 PHYLIS COURT
ELMONY NY 11030

SHOP #: 0502

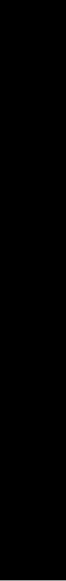
PERIOD: 10/2016

600.00

REF. #: 0502201610

PAGE #: 1

#6143

SOCIAL SECURITY NUMBER	MEMBER'S FIRST NAME	INCLUDES	TERMINATION DATE	INITIATION DATE	PAYMENT
XXX-XX- 	ADAMS, ERIC	30.00		.00	
XXX-XX-	BANDOO, DEARMINDRA	30.00		.00	
XXX-XX-	BARBER, JERRY	30.00		.00	
XXX-XX-	BELLINO, MICHAEL FRANK	30.00		.00	
XXX-XX-	CABRERA, JESSE	30.00		.00	
XXX-XX-	CONSOLO, ROBERT	30.00		.00	
XXX-XX-	DE ABREU, DERECK MICHAEL	30.00		.00	
XXX-XX-	FALCON, JOSE	30.00		.00	
XXX-XX-	GHANSHIAM, CHANDRA	30.00		.00	
XXX-XX-	GONZALEZ MONTAS, FRANCISCO ARGENIS	30.00		.00	
XXX-XX-	LINCIFORT, WILDECK	30.00		.00	
XXX-XX-	MITCHELL, DERYCK C.	30.00		.00	
XXX-XX-	PEREZ, AMANDO	30.00		.00	
XXX-XX-	SANTIAGO, PACO EDDIE	30.00		.00	
XXX-XX-	SHESHERINE, RAMLOCHAN	30.00		.00	
XXX-XX-	SIERRA, NALSON	30.00		.00	
XXX-XX-	WARD, CURTIS	30.00		.00	
XXX-XX-	WILLIAMS, LASCELLES JUNIOR	30.00		.00	
XXX-XX-	WILLIAMS, TISHAWN	30.00		.00	
XXX-XX-	WYNN, CURTIS D.	30.00		.00	

MEMBERS IN SHOP: 20 CURRENT DUE: 600.00 

TOTAL DUE: 600.00

NOTE: We require separate checks for each account. DO NOT CONSOLIDATE DUES AND LIFE BENEFIT PLAN PAYMENTS, as Government Agencies forbid us to commingle these various accounts.

This All-Purpose Reporting Form must be mailed to 325 73rd Street, Brooklyn, N.Y. 11209, by the 10th of every month.

Life Payment (Dues & Initiation)

Life Benefit Plan Payment

LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES
 325 73RD STREET
 BROOKLYN, NEW YORK 11209
 (718) 238-2399

DEC 14 2016

UNION ALL-PURPOSE REPORTING FORM

LIBERTY ASHES
 112 PHYLLIS COURT
 ELMONY NY 11030

SHOP #: 0502

PERIOD: 11/2016

600.00

REF. #: 0502201611

#6279

PAGE #: 1

EMPLOYEE NUMBER	EMPLOYEE NAME	DUES	TERMINATION DATE	INITIATION DATE	PAYMENT
XXX-XX-	ADAMS, ERIC	30.00		.00	
XXX-XX-	BANDOO, DEARMINDRA	30.00		.00	
XXX-XX-	BARBER, JERRY	30.00		.00	
XXX-XX-	BELLINO, MICHAEL FRANK	30.00		.00	
XXX-XX-	CABRERA, JESSE	30.00		.00	
XXX-XX-	CONSOLO, ROBERT	30.00		.00	
XXX-XX-	DE ABREU, DERECK MICHAEL	30.00		.00	
XXX-XX-	FALCON, JOSE	30.00		.00	
XXX-XX-	GHANSHIAM, CHANDRA	30.00		.00	
XXX-XX-	GONZALEZ MONTAS, FRANCISCO ARGENIS	30.00		.00	
XXX-XX-	LINCIFORT, WILDECK	30.00		.00	
XXX-XX-	MITCHELL, DERYCK C.	30.00		.00	
XXX-XX-	PEREZ, AMANDO	30.00		.00	
XXX-XX-	SANTIAGO, PACO EDDIE	30.00		.00	
XXX-XX-	SHESHERINE, RAMLOCHAN	30.00		.00	
XXX-XX-	SIERRA, NALSON	30.00		.00	
XXX-XX-	WARD, CURTIS	30.00		.00	
XXX-XX-	WILLIAMS, LASCELLES JUNIOR	30.00		.00	
XXX-XX-	WILLIAMS, TISHAWN	30.00		.00	
XXX-XX-	WYNN, CURTIS D.	30.00		.00	
<i>Robblous, M</i>		30.00			
MEMBERS IN SHOP: 20	CURRENT DUE:	600.00			
	TOTAL DUE:	600.00			

NOTE: We require separate checks for each account. DO NOT CONSOLIDATE DUES AND LIFE BENEFIT PLAN PAYMENTS, as Government Agencies forbid us to commingle these various accounts.

This All-Purpose Reporting Form must be mailed to 325 73rd Street, Brooklyn, N.Y. 11209, by the 10th of every month.

Life Payment (Dues & Initiation) _____ Life Benefit Plan Payment _____

→ Employer may retain YELLOW COPY for its own files ←

Please notify the Union of any Employee's change of address.

LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES
 325 73RD STREET
 BROOKLYN, NEW YORK 11209
 (718) 238-2399

UNION ALL-PURPOSE REPORTING FORM

LIBERTY ASHES
 112 PHYLLIS COURT
 ELMONY NY 11030

SHOP #: 0502

PERIOD: 12/2016

630.00

REF. #: 0502201612

6331

PAGE #: 1

SOCIAL SECURITY NUMBER	LASTNAME-FIRST NAME	LIFE DUES	INITIATION	PAYMENT
XXX-XX- XXXXXXXXXX	ADAMS, ERIC	30.00	.00	
XXX-XX- XXXXXXXXXX	BANDOO, DEARMINDRA	30.00	.00	
XXX-XX- XXXXXXXXXX	BARBER, JERRY	30.00	.00	
XXX-XX- XXXXXXXXXX	BELLINO, MICHAEL FRANK	30.00	.00	
XXX-XX- XXXXXXXXXX	CABRERA, JESSE	30.00	.00	
XXX-XX- XXXXXXXXXX	CONSOLO, ROBERT	30.00	.00	
XXX-XX- XXXXXXXXXX	DE ABREU, DERECK MICHAEL	30.00	.00	
XXX-XX- XXXXXXXXXX	FALCON, JOSE	30.00	.00	
XXX-XX- XXXXXXXXXX	GHANSHIAM, CHANDRA	30.00	.00	
XXX-XX- XXXXXXXXXX	GONZALEZ MONTAS, FRANCISCO ARGENIS	30.00	.00	
XXX-XX- XXXXXXXXXX	LINCIFORT, WILDECK	30.00	.00	
XXX-XX- XXXXXXXXXX	MITCHELL, DERYCK C.	30.00	.00	
XXX-XX- XXXXXXXXXX	PEREZ, AMANDO	30.00	.00	
XXX-XX- XXXXXXXXXX	ROBBINS, MICHAEL FRANCIS <i>Remove</i>	30.00	.00	
XXX-XX- XXXXXXXXXX	SANTIAGO, PACO EDDIE	30.00	.00	
XXX-XX- XXXXXXXXXX	SHESHERINE, RAMLOCHAN	30.00	.00	
XXX-XX- XXXXXXXXXX	SIERRA, NALSON	30.00	.00	
XXX-XX- XXXXXXXXXX	WARD, CURTIS	30.00	.00	
XXX-XX- XXXXXXXXXX	WILLIAMS, LASCELLES JUNIOR	30.00	.00	
XXX-XX- XXXXXXXXXX	WILLIAMS, TISHAWN	30.00	.00	
XXX-XX- XXXXXXXXXX	WYNN, CURTIS D.	30.00	.00	
<i>Pryor, Jerome</i>		30.00		
MEMBERS IN SHOP: 21	CURRENT DUE:	630.00		
	TOTAL DUE:	630.00		
<i>J Jerome Pryor.</i>				

NOTE: We require separate checks for each account. DO NOT CONSOLIDATE DUES AND LIFE BENEFIT PLAN PAYMENTS, as Government Agencies forbid us to commingle these various accounts.

This All-Purpose Reporting Form must be mailed to 325 73rd Street, Brooklyn, N.Y. 11209, by the 10th of every month.

Life Payment (Dues & Initiation)

Life Benefit Plan Payment

→ Employer may retain YELLOW COPY for its own files ←

Please notify the Union of any Employee's change of address.